

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4973PRI	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2007
NAME OF PROVIDER OR SUPPLIER NORTHERN NEVADA CORRECTIONAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1721 E SNYDER AVE CARSON CITY, NV 89701		
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S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of survey conducted at your facility on 6/27/07 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.</p> <p>1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department:</p> <p>(a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>Complaint #NV00015402 alleged poor infection control practices, numerous acts of personal retaliation by staff, failure to collaborate with other members of the health care team the needs of the patient and failure to perform nursing functions with established standards. There was no evidence to support any of the components of the allegation; therefore the complaint was not substantiated.</p>	S 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 181	Continued From page 1	S 181		
S 181	<p>NAC 449.3385 Dietary Personnel</p> <p>2. The dietary service must be under the direction of a registered dietitian or other professional person who;</p> <p>(a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management;</p> <p>(b) Has completed an academic program in culinary arts; or</p> <p>(c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets.</p> <p>3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/27/07, it was determined the facility did not ensure the culinary department was under the direction of a registered dietitian.</p> <p>Findings include:</p> <p>During a tour of the culinary department, the manager provided the surveyors with a letter dated 4/3/07 from their dietitian. The letter indicated the menus offered by the culinary department had been analyzed and reviewed for nutritional adequacy.</p> <p>During a telephone interview with the dietitian who wrote the 4/3/07 letter, it was revealed the dietitian was only contracted to review menus. The dietitian reported she had never been to the culinary department for an inspection of safe and sanitary food handling practices or to provide</p>	S 181		

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S 181	Continued From page 2 training for the culinary staff. Review of the last inspection performed by the Bureau of Health Protection Services (BHPS) on 1/10/06 revealed the culinary department had six deficiencies regarding the dishwasher temperature gauge, the storage of hazardous chemicals under the three compartment sink, the store of ice, the temperature gauge for the cooler and freezer, the storage of items in the hand sink, and the separation of food and cleaning products.	S 181		
S 219	NAC 449.340 Pharmaceutical Services 5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation and record review on 6/27/07, it was determined the facility did not ensure that drugs and biologicals were controlled and distributed in a manner which was consistent with facility policy, applicable state and federal laws. Findings include: During an observation of the medication room for the clinic area at 2:00PM, it was observed that the temperatures of the medication refrigerator were not being consistently recorded. Of the 27 days in the month of June, the refrigerator temperatures for only 16 days were recorded. The temperature log indicated that out of those 16 days, seven days had temperatures that exceeded the recommended parameters of 36 - 46 degrees Fahrenheit. There was no documentation of any corrective actions being taken.	S 219		

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S 219	<p>Continued From page 3</p> <p>Upon examination of the medications in the refrigerator, it was noted that 11 vials of insulin prescribed to 11 different inmates were opened, but not labeled with the opening date. Two additional insulin vials were inspected. Both vials had been labeled with the open date, but they had been opened for longer than 30 days. This was brought to the attention of the medication nurse and the director of nurses (DON) and both vials were discarded and replaced.</p> <p>During an observation of the medication room for Unit 6 (step-down mental health unit) at 2:00PM, approximately 45 bottles containing medications were observed. Ten of those bottles were not labeled with an expiration date. Five of the 45 bottles had expiration dates of April and June of 2007. Two of the five expired bottles belonged to inmates that had been discharged from the correctional center. The Director of Nurses (DON) reported that one of the licensed practical nurses (LPN) checked the medications for expiration dates "once in a while."</p> <p>During an observation of the medical supply cabinet in the treatment room at 3:00PM, multiple medications, primarily ointments and irrigation solutions, had been opened, but had not been dated with the date they were opened. In addition, some of the items had expired. The DON reported that one of the registered nurses takes care of the medical supplies in the treatment room and checks for outdates every month or two.</p> <p>A policy titled, "Returning Medication to Pharmacy" indicated that medications would be inspected for expiration dates on a bi-monthly, or as needed basis, and removed from the</p>	S 219			

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S 219	Continued From page 4 medication rooms by the Director of Nurses (DON) or designee. A policy titled, "Medication Administration" indicated that all multiple dose vitals will be dated with the date they were opened. A policy titled, "Discarding of Medication" indicated that opened multiple dose medication vials will be discarded 30 days from the date opened.	S 219		
S 255	NAC 449.349 Emergency Services 1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by: Based on observation and interview on 6/27/07, it was determined the facility did not have adequate emergency medical equipment in Unit 6, the step-down mental health unit. Findings include: Unit 6, the step-down mental health unit, was located in a building separate from the main medical facility. When the Director of Nurses (DON) was asked about the location of the unit's "man down" kit, she reported that her unit was not equipped with a "man down" kit, nor did the unit have suction or an automated external defibrillator (AED). The DON reported the only emergency equipment she had was a blood pressure cuff and oxygen. The DON stated that if a "man down" event was called, nursing staff from the main medical facility were called. The DON stated the estimated time of arrival was five to ten minutes.	S 255		

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S 290	<p>NAC 449.361 Nursing Services</p> <p>1. A hospital shall have a well-organized plan that provides for 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.</p> <p>This Regulation is not met as evidenced by: Based on record review and interviews on 6/27/07, it was determined that Unit 6, the mental health step-down unit, did not provide 24-hour nursing services to inmates.</p> <p>Findings include:</p> <p>During a review of the staff schedule, it was discovered that Unit 6 was not staffed with a nurse from 6:00PM to 8:00AM. The Director of Nursing (DON) reported that if there was a medical emergency or an inmate needed an "as needed" medication, guards would call staff in the main mental health unit for assistance. The DON reported the main mental health staff had access to Unit 6's charts and medications. It was estimated that it would take mental health staff approximately 10 minutes to arrive.</p>	S 290		
S 339	<p>NAC 449.363 Personnel Policies</p> <p>4. The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his job.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/27/07, it was determined the facility did not ensure that 1 of 15 nursing staff had evidence of current cardiopulmonary resuscitation (CPR) training.</p>	S 339		

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S 339	Continued From page 6 Findings include: During a record review of the nursing staff, it was discovered that Employee #15, a registered nurse, had an expired cardiopulmonary resuscitation card dated 5/23/07. This nurse performed dialysis treatment to inmates with end-stage renal disease. Interview with the director of nursing (DON) revealed Employee #15 was contracted to provide dialysis treatment to inmates and was not an employee of the correctional center. The DON stated the nurse originally was employed by the correctional center, but "contracted" out her services about a month ago. When the nurse became a contracted nurse, the DON reported she no longer considered the nurse an employee; therefore, she no longer tracked whether the nurse had a current CPR certification. The DON stated when the nurse became a contracted nurse, her employee file was archived and an updated CPR card could possibly be in that file. A policy and procedure titled, "Emergency Medical Response Procedure" indicated that all medical division staff should maintain current certification in Basic Life Support (BLS).	S 339		
S 340	NAC 449.363 Personnel Policies 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: Based on record review, observation and interviews on 6/26/07, it was determined the	S 340		

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S 340	<p>Continued From page 7</p> <p>facility did not ensure that 11 of 15 medical staff were in compliance with NAC 441A.</p> <p>Findings include:</p> <p>The medical files for fifteen medical staff were reviewed. Eleven medical files were incomplete for documentation of tuberculosis testing and surveillance. The files were either missing evidence of second-step tuberculosis skin tests or annual skin tests. The medical file for one nurse was not located in the personnel department. The DON stated Employee #15 initially was employed by the medical facility, but became a contracted employee about a month ago. The DON reported the employee was no longer considered an employee, so her medical file had been archived. This employee was observed performing dialysis on inmates with end stage renal disease in a close and confined area.</p> <p>The Disease Control Coordinator was interviewed about the missing tuberculosis documentation. The Disease Control Coordinator reported the personnel office was responsible for filing all tuberculosis testing slips in employee medical files, not the medical staff or his office. The Disease Control Coordinator stated his office had no authority to force the personnel office to file the test slips. The Disease Control Coordinator showed the surveyor a box of tuberculosis test slips that had not been filed. The box appeared to contain hundreds of tuberculosis slips.</p> <p>In an Infection Control/OSHA Meeting dated 1/17/07, it was revealed the correctional center would perform "one" tuberculosis skin test per employee. No mention was made about evaluating whether medical staff needed two-step tuberculosis skin tests.</p>	S 340			

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S 590	<p>NAC 449.391 Dental Services</p> <p>1. If a hospital provides dental services, the services must be well-organized and provided in accordance with nationally recognized standards of practice.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/27/07, it was determined the facility did not ensure that 1 of 10 inmates received dental care.</p> <p>Findings include:</p> <p>Record review revealed that Inmate #8 was incarcerated on 4/13/07. The inmates medical file did not contain documentation the inmate had received any dental care since that date. The director of nurses (DON) reported that it was policy for all inmates to be examined by a dentist within one week of being admitted to the facility.</p>		S 590		

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